



Legislative Fiscal Bureau

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October 28, 2003

TO: Members,
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Assembly Bill 592: Medical Assistance Supplemental Payments to County and Municipal Nursing Homes

BACKGROUND

Intergovernmental Transfers and Supplemental Payments to County and Municipal Nursing Homes. Most payments the Department of Health and Family Services (DHFS) makes to health care providers to reimburse them for the services they render to individuals enrolled in the medical assistance (MA) program are supported with a combination of state funds and federal funds on a matching basis. In 2003-04, these payments are funded approximately 42% with state funds and 58% with federal funds.

Over the years, the state has created several intergovernmental transfer (IGT) programs as a way to fund the state's share of certain eligible MA costs with non-GPR sources. For example, costs for certain MA-claimable services that are incurred by local units of government, such as school-based medical services, are used as the basis for making claims for federal MA matching funds.

This method was initially used to claim additional federal MA matching funds beginning in 1985-86 under the nursing home IGT program. Supplemental payments to county and municipal nursing facilities were first provided at that time to reflect the availability of additional federal MA funds generated by these claims. Initially, the state claimed an amount that was less than the federal share of the accumulated deficits of county and municipal nursing homes. This limited type of claiming continued until 1992-93, when the state claimed \$18.6 million in additional federal MA funds, based on \$47.2 million of certified losses. During this period, all of the additional federal matching funds were distributed to county and municipal nursing homes as supplemental payments under the state's federal financial participation (FFP) program.

Beginning in 1993-94, the basis for claiming and the use of IGT funds changed significantly. First, it was determined that a dollar of unreimbursed county and municipal nursing home expenses could serve as the state match to claim \$1.44 of federal matching funds (59% FED/41% GPR=1.44). In addition, the state began using part of the IGT revenues to support the state costs of general nursing home rate increases. For instance, of the \$108.7 million in IGT claims in 1999-00, county and municipal nursing homes received \$39.7 million in supplemental payments, while the remaining \$69.0 million was used to pay for the state's share of MA costs of general nursing home payments.

In 2000-01, DHFS changed its claiming methodology again from one based on certified losses to one based on nursing home claims up to an aggregate upper payment limit. This new methodology allowed the state to significantly increase nursing home IGT claims, from \$105 million in 1999-00 to \$373 million in 2000-01. As part of 2001 Wisconsin Act 16, the Legislature approved the Governor's recommendation to increase, from \$37.1 million to \$77.1 million, the maximum amount DHFS could distribute for supplemental payments in any year, beginning in 2001-02.

In December 2000, new federal rules were promulgated that prevent states from using this method of claiming federal matching funds. The new rules prohibit the use of any difference between the federal upper payment limit and the actual payments to private facilities to claim excess federal funds in order to support higher payments to county and municipal facilities. Certain states, including Wisconsin, were permitted to reduce excess payments by increments of 15% each year, beginning in 2003-04, and continuing until the excess payments are completely phased out by 2009-10. As a result, Wisconsin will claim significantly less federal MA matching funds, beginning in 2003-04, than it has in the past several years. Under the 2003 Wisconsin Act 33 budget estimates, Wisconsin's nursing home IGT claiming was expected to decrease from an estimated \$318.2 million in 2002-03 to \$37.9 million in 2003-04 and to \$33.2 million in 2004-05.

Act 33 includes a provision that would: (a) reduce supplemental payment levels to a maximum of \$37.1 million annually, regardless of the amount of IGT revenues collected in any year; and (b) allow supplemental payments to be made to care management organizations, in addition to county and municipal nursing homes.

Under the current nursing home IGT program, the state determines the difference between what the state actually pays to county and municipal nursing homes and what would be paid to these nursing homes under Medicare payment principals. Certain counties that own and operate nursing homes electronically transfer an amount equal to this difference to the state. On the same day, the state returns that amount to the participating counties, which constitutes a nursing home payment that is eligible for federal matching funds. The state then claims MA federal matching funds equal to the product of the federal matching rate (approximately 58%) and the amount of the electronic transfer. The federal MA matching funds are then deposited into the MA trust fund, which partially support the state's share of MA benefits costs.

MA Trust Fund. The medical assistance trust fund (MATF) was created as part of 2001 Act 16 as a separate, nonlapsible trust account where all federal matching funds based on nursing home and local government intergovernmental transfers would be deposited. During the 2001-03 biennium, only nursing home IGT revenues were deposited in the MATF. However, due to provisions in 2003 Wisconsin Act 33, beginning in 2003-04, revenue from additional sources are deposited to the MATF, including: (a) IGT claims for noninstitutional services; (b) nursing home bed assessment revenues; and (c) IGT claims for community-based waiver services. As in the 2001-03 biennium, segregated revenues from the MATF will support MA costs other than supplemental payments to nursing homes. In 2003-04, approximately \$15.4 million (\$37.1 million x 41.59%) of the \$641.8 million in budgeted SEG expenditures from the MATF will support supplemental payments. By comparison, nursing home IGT revenues were projected to be \$37.9 million in 2003-04 under Act 33. Attachment 1 identifies the MATF condition statement under Act 33.

Supplemental Payments to County and Municipal Nursing Homes. DHFS allocates supplemental payments to county and municipal nursing homes to counties according to a method developed by DHFS and approved by the Center for Medicare and Medicaid Services (CMS).

In order to distribute supplemental funds budgeted in 2003-04, the Department will determine: (1) the projected overall operating deficits (the difference between allowable costs per patient day and MA payments per day) for each county and municipal nursing home; (2) the Medicare gap (the difference between what Medicare would pay for services and what MA would pay for those services) for the these nursing homes, as a group; and (3) transfer agreement participation payments equal to \$100,000 per year for the counties participating in the intergovernmental transfer (Walworth, Sheboygan, and Rock Counties). DHFS will then distribute the lesser of \$37.1 million or the aggregate overall operating deficit by: (1) allocating the transfer agreement payment to counties participating in the wire transfer, (2) summing the Medicare gap for all facilities, (3) allocating the remaining funds proportionally to the Medicare gap, (4) limiting any individual awards to the overall operating deficit per day, and (5) repeating steps three and four until all the funds are allocated. Attachments 2, 3, and 4 identify the distribution of supplemental payments to county and municipal nursing homes in 2002-03, as well as the projected distribution of supplemental payments in 2003-04 and 2004-05, based on current law.

SUMMARY OF BILL

Assembly Bill 592 would affect supplemental MA payments to county and municipal nursing homes differently in the 2003-05 biennium than in future biennia.

Fiscal Years 2003-04 and 2004-05. DHFS would be required to distribute, in each year, any additional federal MA funds the state receives as a result of nursing home, home- and community-based waiver or non-institutional services IGT claiming, that were not anticipated and

budgeted as revenue under Act 33, to fund supplemental payments to county and municipal nursing homes to reduce these homes' operating deficits.

2005-06 and Each Subsequent Year. Assembly Bill 592 would create, beginning July 1, 2005, a continuing SEG appropriation from the MATF to support the nonfederal share of supplemental payments to county- and municipal nursing homes. All net federal revenue the state receives that are based on funds of Sheboygan, Rock and Walworth Counties that are together transferred or certified under the nursing home IGT program would be deposited to this appropriation. The bill would not modify the provision that permits (but does not require) DHFS to distribute up to \$37.1 million (all funds) annually to support these supplemental payments to county and municipal nursing homes. As under current law, the total supplemental payment any facility received could not exceed 100 percent of its unreimbursed costs.

In reviewing the bill, the Committee may wish to consider two modifications that may better meet the intent of the bill. First, a reference should be added to Section 1 of the bill to clarify that only funds that are received by the state through IGT nursing home claims would be available to support supplemental payments to county and municipal nursing homes. As introduced, the bill would make available, as supplemental payments to county and municipal nursing homes, all funds that are based on all intergovernmental transfers from these counties. Second, although Sheboygan, Rock and Walworth Counties currently assist the state in obtaining federal MA matching funds under the nursing home IGT program, the assisting counties may not always be these three counties. Consequently, the bill could be amended to delete references to these three counties and instead refer to funds of the counties and municipalities that are transferred or certified under the nursing home IGT program.

FISCAL EFFECT

Potential Effect on MA Trust Fund. Under current practice, the nursing home IGT revenues support both supplemental MA payments to county and municipal nursing homes and other MA costs. Under Act 33, nursing home IGT revenues were projected to be \$37.9 million in 2003-04 and \$33.2 million in 2004-05. However, only \$15.4 million SEG from the MATF is budgeted annually to support these supplemental payments in each year of the 2003-05 biennium. The remaining revenues partially support other MA benefit costs. Therefore, by requiring that all nursing home IGT revenues be used to fund supplemental payments to county and municipal nursing homes, beginning in 2005-06, the Governor and the Legislature would need to find an alternative state funding source to support approximately \$17.8 million annually in state-funded MA base costs that are currently supported from this funding source.

Potential Effect on Supplemental Payments to Nursing Homes. Under Act 33, county and municipal nursing facilities may receive up to \$37.1 million in supplemental MA payments annually (\$15.4 million SEG and \$21.7 million FED). SB 592 would require that any federal IGT revenues the state receives that exceed the amounts projected and budgeted in 2003-05 would be

used to increase supplemental payments. However, it is unlikely that this provision would increase supplemental payments to county and municipal nursing homes in the 2003-05 biennium.

It was assumed under Act 33 that the state would receive approximately \$304.7 million in 2003-04 and \$62.8 million in 2004-05 from IGT revenue that would be deposited to the MA trust fund, including: (a) \$213.0 million in 2003-04 from a community-based waiver IGT program or other IGT program; (b) \$37.9 million in 2003-04 and \$33.2 million in 2004-05 from the nursing home IGT program; and (c) \$53.8 million in 2003-04 and \$29.6 million in 2004-05 from non-institutional services claiming. Therefore, in order for this bill to increase supplemental payments to county and municipal nursing homes in 2003-05, the state would need to receive more than \$367.5 million in federal IGT revenues in the 2003-05 biennium. To date, the state has not secured the \$213.0 million in revenues that were estimated to be received through the community-based waiver IGT program.

AB 592 would affect the amount of supplemental MA payments to nursing homes beginning in 2005-06. In general, county and municipal nursing homes, in aggregate, would receive an increase in supplemental payments as long as nursing home IGT nursing home revenue deposited to the MA trust fund exceeded \$15.4 million SEG annually that is currently budgeted to support these payments. If, however, the annual net claims were less than \$15.4 million in any year, the supplemental payment allocation could be reduced.

Regardless of the amount of nursing home IGT claims in future years, a reduction in supplemental payments could be avoided if DHFS chose to allocate up to \$37.1 million (all funds) in supplemental payments. This is because AB 592 would not repeal the Department's authority to make supplemental payments of up to \$37.1 million per year. Instead, under AB 592, in addition to allocating all of the nursing home IGT revenues to support supplemental MA payments to county and municipal nursing homes, DHFS would be permitted to allocate up to an additional \$37.1 million from the MATF for this purpose annually.

Prepared by: Jessica Stoller
Attachments

ATTACHMENT 1

MA Trust Fund Estimated Revenues, Expenditures, and Balances Act 33

	<u>2003-04</u>	<u>2004-05</u>
Opening Balance	\$322,728,400	\$24,422,000
Revenues		
Governor's Estimates of Revenue from IGT Claims for Community-Based Services	\$434,000,000	\$0
Less Estimated Amount Available under P.L. 108-27 (Budgeted as FED)	-151,000,000	0
Less Estimated Revenue Needed to Fund Budgeted Benefit Costs	<u>-69,993,400</u>	<u>0</u>
Remaining Federal Revenue the State Needs to Receive to Fund Budgeted Benefit Costs	\$213,006,600	\$0
Current Nursing Home Claiming	\$37,861,200	\$33,195,200
Non-Institutional Services IGT Claims	53,783,400	29,596,400
Nursing Home Bed Assessment	33,993,200	32,296,800
Interest Earnings	5,008,000	1,068,200
Cost of Wire Transfers	<u>-115,000</u>	<u>-115,000</u>
Revenue Total	\$343,537,400	\$96,041,600
Total Available Revenue	\$666,265,800	\$120,463,600
Expenditures		
Base Funding	\$298,086,600	\$298,086,600
MA Base Reestimate	0	-105,358,000
BadgerCare Base Reestimate	-706,700	-706,700
MA Base Funded with Additional Federal Revenues	284,107,100	0
Administrative Costs for New IGT Programs	2,064,500	1,030,500
Hold Harmless for Counties (CSDRB)	0	17,000,000
Trust Fund Reestimate	40,513,900	-100,919,000
Nursing Home Rate Increase	34,412,400	27,966,200
Reduce Nursing Home Supplemental Payments	<u>-16,634,000</u>	<u>-16,636,000</u>
Expenditures Total	\$641,843,800	\$120,463,600
Estimated Closing Balance	\$24,422,000	\$0

ATTACHMENT 2

Nursing Home Actual MA Deficits and IGT Awards 2002-03

<u>County</u>	<u>Facility</u>	<u>Total MA Deficits</u>	<u>Total Award</u>	<u>% of Deficit Reimbursed*</u>
Barron	Knapp Haven Nursing Home	\$22,533	\$22,533	100.0%
Barron	Pioneer Nursing Home	-	-	
Brown	Brown County Health Care Center	2,306,934	\$1,341,340	58.1
Calumet	Calumet Homestead	391,859	273,783	69.9
Clark	Clark County Health Care Center	2,752,660	1,572,429	57.1
Columbia	Columbia Health Care Center	1,051,443	690,636	65.7
Dane	Badger Prairie Health Care Center	6,515,121	3,191,619	49.0
Dodge	Clearview North	2,646,873	1,463,458	55.3
Dodge	Clearview South	3,676,203	1,948,614	53.0
Dunn	Dunn County Health Care Center	1,412,851	1,080,181	76.5
Eau Claire	Augusta Area Nursing Home	58,112	22,415	38.6
Eau Claire	Fall Creek Valley Nursing Home	83,482	50,333	60.3
Fond du Lac	Fond du Lac County Health Care Center	1,301,396	781,880	60.1
Fond du Lac	Rolling Meadows Nursing Home	1,868,582	1,040,615	55.7
Grant	Orchard Manor	611,785	298,518	48.8
Green	Pleasant view Nursing Home	1,767,412	1,058,230	59.9
Iowa	Bloomfield Manor	599,807	459,814	76.7
Jackson	Pine View Health Care Center	1,327,845	881,969	66.4
Jefferson	Countryside Home	4,698,136	2,126,530	45.3
Kenosha	Brookside Health Care Center	1,803,799	915,736	50.8
Kewaunee	Algoma Medical Center & Long-Term Care Unit	125,395	32,861	26.2
La Crosse	Hillview Health Care Center	974,399	887,959	91.1
La Crosse	Lakeview Health Care	1,612,090	1,099,926	68.2
Lafayette	Lafayette Manor	748,333	542,229	72.5
Lincoln	Pine Crest Nursing Home	1,566,284	1,101,781	70.3
Manitowoc	Manitowoc Health Care Center	5,207,026	5,207,026	100.0
Marathon	North Central Health Care	3,033,375	2,138,230	70.5
Milwaukee	Milwaukee County Rehabilitation	7,140,721	2,742,024	38.4
Monroe	Rolling Hills Rehabilitation Center	1,065,666	724,097	67.9
Outagamie	Brewster Village	3,257,354	1,632,371	50.1
Ozaukee	Lasata Health Care Center	2,152,355	1,512,453	70.3
Pierce	Heritage of Elmwood	55,524	9,732	17.5
Pierce	Spring Valley Health Care Center	44,868	17,149	38.2
Polk	Golden Age Manor	1,238,088	871,199	70.4
Portage	Portage County Health Care Center	1,448,249	943,243	65.1

<u>County</u>	<u>Facility</u>	<u>Total MA Deficits</u>	<u>Total Award</u>	<u>% of Deficit Reimbursed*</u>
Racine	Ridgewood Health Care Center	\$3,185,163	\$1,877,944	59.0%
Richland	Pine Valley Health Care & Rehabilitation	868,003	589,702	67.9
Rock	Rock County Health Care Center	11,062,169	12,814,301	115.8
Rusk	Rusk County Memorial Hospital and Nursing Home	1,078,804	605,919	56.2
Sauk	Sauk County Health Care Center	1,808,572	932,980	51.6
Shawano	Maple Lane Health Care Center	43,911	20,181	46.0
Sheboygan	Rocky Knoll Health Care Facility**	4,067,532	4,067,532	100.0
Sheboygan	Sheboygan County Comprehensive Health Care**	291,541	291,541	100.0
Sheboygan	Sunny Ridge**	3,449,345	3,449,345	100.0
St. Croix	St. Croix Health Care	1,576,108	843,878	53.5
St. Croix	Baldwin Health Care Center	75,438	75,438	100.0
Trempealeau	Pigeon Falls Health Care Center	112,595	112,595	100.0
Trempealeau	Trempealeau County Health Care Center	1,175,272	800,255	68.1
Trempealeau	Marinuka Manor	21,111	21,111	100.0
Vernon	Vernon Manor	737,956	456,474	61.9
Vernon	Norseland Nursing Home	-	-	
Walworth	Lakeland Health Care Center**	5,796,710	5,796,710	100.0
Washington	Samaritan Health Center	1,567,160	1,049,778	67.0
Waupaca	Lakeview Manor	1,220,103	661,795	54.2
Winnebago	Parkview - Pleasant Acres	2,712,431	1,319,250	48.6
Winnebago	Parkview - Rehabilitation Pavilion	2,511,183	1,448,227	57.7
Wood	Edgewater Haven Nursing Home	702,513	485,541	69.1
Wood	Norwood Health Care	<u>1,704,895</u>	<u>696,590</u>	40.9
	TOTAL	\$109,560,732	\$77,100,000	70.4%

*100% of projected MA deficits awarded to Rock, Sheboygan, Walworth and Manitowoc Counties.

**Projected MA deficits.

ATTACHMENT 3

Nursing Home Estimated Deficits and IGT Awards 2003-04

<u>County</u>	<u>Facility</u>	<u>Estimated MA Deficit</u>	<u>Estimated IGT Award</u>	<u>Estimated % of Deficit Reimbursed</u>
Brown	Brown County Health Care Center	\$2,307,000	\$852,000	36.9%
Barron	Knapp Haven Nursing Home	24,000	24,000	100.0
Barron	Pioneer Nursing Home	-	-	
Calumet	Calumet Homestead	412,000	412,000	100.0
Clark	Clark County Health Care Center	2,891,000	1,184,000	41.0
Columbia	Columbia Health Care Center	1,104,000	722,000	65.4
Dane	Badger Prairie Health Care Center	6,841,000	673,000	9.8
Dodge	Clearview North	2,779,000	901,000	32.4
Dodge	Clearview South	3,860,000	652,000	16.9
Dunn	Dunn County Health Care Center	1,484,000	1,042,000	70.2
Eau Claire	Augusta Area Nursing Home	61,000	61,000	100.0
Fond du Lac	Fond du Lac County Health Care Center	1,366,000	668,000	48.9
Fond du Lac	Rolling Meadows Nursing Home	1,962,000	543,000	27.7
Grant	Orchard Manor	643,000	643,000	100.0
Green	Pleasant View Nursing Home	1,855,000	717,000	38.7
Iowa	Bloomfield Manor	630,000	434,000	68.9
Jackson	Pine View Care Center	1,394,000	703,000	50.4
Jefferson	Countryside Home	4,933,000	747,000	15.1
Kenosha	Brookside Care Center	1,894,000	836,000	44.1
Kewaunee	Algoma Medical Center & Long-Term Care Unit	131,000	131,000	100.0
La Crosse	Hillview Health Care Center	1,023,000	1,023,000	100.0
La Crosse	Lakeview Health Care	1,693,000	1,162,000	68.6
Lafayette	Lafayette Manor	785,000	527,000	67.1
Lincoln	Pine Crest Nursing Home	1,644,000	977,000	59.4
Manitowoc	Manitowoc Health Care Center	3,502,000	814,000	23.2
Marathon	North Central Health Care	3,185,000	1,737,000	54.5
Milwaukee	Milwaukee County Rehabilitation	7,498,000	896,000	11.9
Monroe	Rolling Hills Rehabilitation Center	1,119,000	646,000	57.7
Outagamie	Brewster Village	3,420,000	1,108,000	32.4
Ozaukee	Lasata Care Center	2,260,000	1,108,000	49.0
Pierce	Heritage of Elmwood	59,000	59,000	100.0
Pierce	Spring Valley Health Care Center	47,000	47,000	100.0
Polk	Golden Age Manor	1,300,000	619,000	47.6
Portage	Portage County Health Care Center	1,520,000	700,000	46.1
Racine	Ridgewood Care Center	3,344,000	1,140,000	34.1

<u>County</u>	<u>Facility</u>	<u>Estimated MA Deficit</u>	<u>Estimated IGT Award</u>	<u>Estimated % of Deficit Reimbursed</u>
Richland	Pine Valley Health Care and Rehabilitation	\$911,000	\$586,000	64.3%
Rock	Rock County Health Care Center	11,615,000	977,000	8.4
Rusk	Rusk County Memorial Hospital and Nursing Home	1,133,000	500,000	44.1
Sauk	Sauk County Health Care Center	1,899,000	722,000	38.0
Shawano	Maple Lane Health Care Center	46,000	46,000	100.0
Sheboygan	Rocky Knoll Health Care Facility	2,544,000	1,059,000	41.6
Sheboygan	Sunny Ridge	3,974,000	1,732,000	43.6
St. Croix	St. Croix Health Care	1,655,000	472,000	28.5
St. Croix	Baldwin Care Center	79,000	79,000	100.0
Trempealeau	Pigeon Falls Health Care Center	119,000	119,000	100.0
Trempealeau	Trempealeau County Health Care Center	1,234,000	424,000	34.4
Trempealeau	Marinuka Manor	22,000	22,000	100.0
Vernon	Vernon Manor	775,000	478,000	61.7
Vernon	Norseland Nursing Home	-	-	
Walworth	Lakeland Health Care Center	6,115,000	1,276,000	20.9
Washington	Samaritan Health Center	1,645,000	1,238,000	75.3
Waupaca	Lakeview Manor	1,281,000	451,000	35.2
Winnebago	Parkview - Pleasant Acres	2,848,000	624,000	21.9
Winnebago	Parkview - Rehabilitation Pavilion	2,637,000	673,000	25.5
Wood	Edgewater Haven Nursing Home	738,000	570,000	77.2
Wood	Norwood Health Care	<u>1,790,000</u>	<u>244,000</u>	13.6
	TOTAL	\$112,030,000	\$36,800,000	32.8%

*An additional \$100,000 annually is awarded to each of the three counties participating in the wire transfer (Rock, Sheboygan, and Walworth).

ATTACHMENT 4

Nursing Home Estimated Deficits and IGT Awards 2004-05

<u>County</u>	<u>Facility</u>	<u>Estimated MA Deficit</u>	<u>Estimated IGT Award</u>	<u>Estimated % of Deficit Reimbursed</u>
Barron	Knapp Haven Nursing Home	\$22,533	\$23,000	102.1%
Barron	Pioneer Nursing Home	-	-	
Brown	Brown County Health Care Center	2,306,934	906,000	39.3
Calumet	Calumet Homestead	391,859	392,000	100.0
Clark	Clark County Health Care Center	2,752,660	1,103,000	40.1
Columbia	Columbia Health Care Center	1,051,443	772,000	73.4
Dane	Badger Prairie Health Care Center	6,515,121	929,000	14.3
Dodge	Clearview North	2,646,873	873,000	33.0
Dodge	Clearview South	3,676,203	942,000	25.6
Dunn	Dunn County Health Care Center	1,412,851	817,000	57.8
Eau Claire	Augusta Area Nursing Home	58,112	58,000	99.8
Fond du Lac	Fond du Lac County Health Care Center	1,301,396	453,000	34.8
Fond du Lac	Rolling Meadows Nursing Home	1,868,582	516,000	27.6
Grant	Orchard Manor	611,785	402,000	65.7
Green	Pleasant View Nursing Home	1,767,412	682,000	38.6
Iowa	Bloomfield Manor	599,807	305,000	50.8
Jackson	Pine View Care Center	1,327,845	597,000	45.0
Jefferson	Countryside Home	4,698,136	809,000	17.2
Kenosha	Brookside Care Center	1,803,799	834,000	46.2
Kewaunee	Algoma Medical Center & Long-Term Care Unit	125,395	125,000	99.7
La Crosse	Hillview Health Care Center	974,399	749,000	76.9
La Crosse	Lakeview Health Care	1,612,090	1,096,000	68.0
Lafayette	Lafayette Manor	748,333	496,000	66.3
Lincoln	Pine Crest Nursing Home	1,566,284	984,000	62.8
Manitowoc	Manitowoc Health Care Center	3,334,853	975,000	29.2
Marathon	North Central Health Care	3,033,375	1,731,000	57.1
Milwaukee	Milwaukee County Rehabilitation	7,140,721	2,528,000	35.4
Monroe	Rolling Hills Rehabilitation Center	1,065,666	645,000	60.5
Outagamie	Brewster Village	3,257,354	752,000	23.1
Ozaukee	Lasata Care Center	2,152,355	1,084,000	50.4
Pierce	Heritage of Elmwood	55,524	56,000	100.9
Pierce	Spring Valley Health Care Center	44,868	45,000	100.3
Polk	Golden Age Manor	1,238,088	538,000	43.5
Portage	Portage County Health Care Center	1,448,249	480,000	33.1
Racine	Ridgewood Care Center	3,185,163	1,171,000	36.8

<u>County</u>	<u>Facility</u>	<u>Estimated MA Deficit</u>	<u>Estimated IGT Award</u>	<u>Estimated % of Deficit Reimbursed</u>
Richland	Pine Valley Health Care & Rehabilitation	\$868,003	\$502,000	57.8%
Rock	Rock County Health Care Center	11,062,169	1,237,000	11.2
Rusk	Rusk County Memorial Hospital and Nursing Home	1,078,804	451,000	41.8
Sauk	Sauk County Health Care Center	1,808,572	778,000	43.0
Shawano	Maple Lane Health Care Center	43,911	44,000	100.2
Sheboygan	Rocky Knoll Health Care Facility	2,423,299	1,103,000	45.5
Sheboygan	Sunny Ridge	3,785,074	1,097,000	29.0
St. Croix	Baldwin Care Center	75,438	75,000	99.4
St. Croix	St. Croix Health Care	1,576,108	678,000	43.0
Trempealeau	Marinuka Manor	21,111	21,000	99.5
Trempealeau	Pigeon Falls Health Care Center	112,595	108,000	95.9
Trempealeau	Trempealeau County Health Care Center	1,175,272	519,000	44.2
Vernon	Norseland Nursing Home	-	-	
Vernon	Vernon Manor	737,956	516,000	69.9
Walworth	Lakeland Health Care Center	5,824,390	1,347,000	23.1
Washington	Samaritan Health Center	1,567,160	1,023,000	65.3
Waupaca	Lakeview Manor	1,220,103	350,000	28.7
Winnebago	Parkview - Pleasant Acres	2,712,431	675,000	24.9
Winnebago	Parkview - Rehabilitation Pavilion	2,511,183	613,000	24.4
Wood	Edgewater Haven Nursing Home	702,513	427,000	60.8
Wood	Norwood Health Care	<u>1,704,895</u>	<u>368,000</u>	21.6
	TOTAL	\$106,807,055	\$ 36,800,000	34.5

Note: An additional \$100,000 annually is awarded to each of the three counties participating in the wire transfer (Rock, Sheboygan, and Walworth).